Congressman David G. Valadao





Fully complete the following fields. Please, print legibly.

		CONSTITU	ENT II	NFOR	MATIO	N						
ast name:	First:	Middle	liddle:			Me		status (circle one): / Mar / Div / Sep / Wid				
Street Address:	ress:			P.O. Box:				f Birth:	Age:	Sex:		
Dity:	State:	State:			Zip Code:			Social Security Number:				
Home Phone Number:		Cell Phone Number: Email Addition (
this case on behalf of	someone e					fori	nation	below	/:			
		APPLICA	NT IN	FORM	ATION							
_ast name:	First:	First: Mide			☐ Mr. ☐ Mrs.			Social Security Number:				
Street Address:			P.O. Box:					f Birth:	Age:	Sex:		
City:	State:	State: Zip Code:				Email Address:						
Home Phone Number:	Cell Pl	Cell Phone Number:			Relationship to Constituent: □ Spouse □ Child							
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Tax Year(s):			Type of Tax:									
	MILITAR:	V OR VETER	DANO!	A = [A	IDS ()	A > -	NOU					
				NS' AFFAIRS (VA) INQUIRY VA Regional Office Location:								
VA File Number:	Bran	Branch of Service:			VA Regional Office Location.							
Military Rank:		Period of Service:			Stationed:							

	MEDICARE	INQUIRY								
Are You a Medicare Provider:	Are You Attempting to Enroll of	or Re-Enroll in Medicare?	List Your Contractor:							
☐ Yes ☐ No	☐ Yes	□ No								
Which Office Are You Currently C	Corresponding With?									
OTHER INQUIRY										
Please Provide the Federal Agency Related to Your Inquiry:										
Provide a brief summary of how my office can assist with you with your inquiry. Please, attach additiona ages if necessary.										
INQUIRY SUMMARY										
	AUTHORI	ZATION								
and/or his representative to answer my inquiry. I unde	o request information from any rstand this authorization my in	y Federal agency or on clude correspondence								
Print Name:	Signature:		Date:							

Return this completed form to the Office of Congressman David G. Valadao via fax or mail at the address below. For additional information, you may contact my office by phone at 559-460-6070.

Congressman David G. Valadao 107 S Douty Street Hanford, California 93230 Fax: (559) 584-3564